



STATE OF MARYLAND

# DMMH

**Maryland Department of Health and Mental Hygiene**  
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**  
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## November 10, 2008

### Public Health & Emergency Preparedness Bulletin: # 2008:45

### Reporting for the week ending 11/08/08 (MMWR Week #45)

#### CURRENT HOMELAND SECURITY THREAT LEVELS

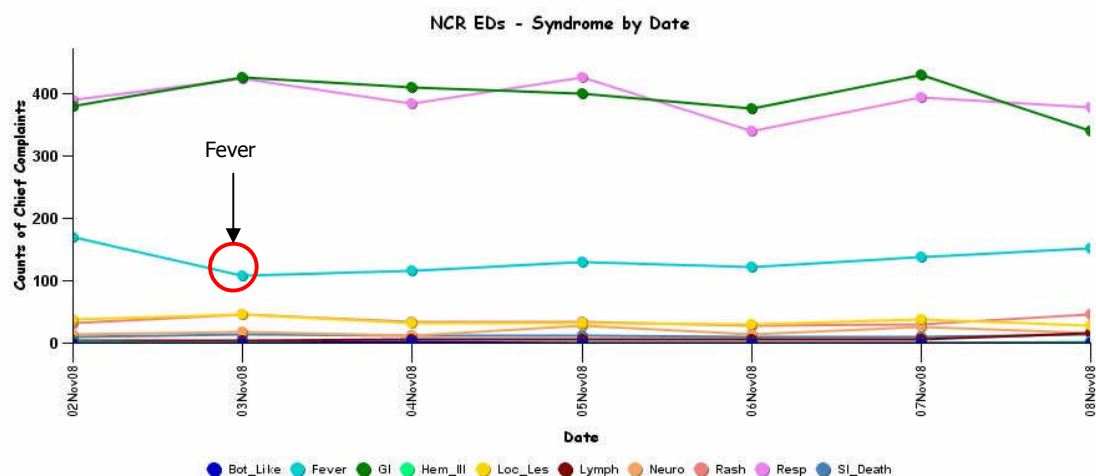
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

#### SYNDROMIC SURVEILLANCE REPORTS

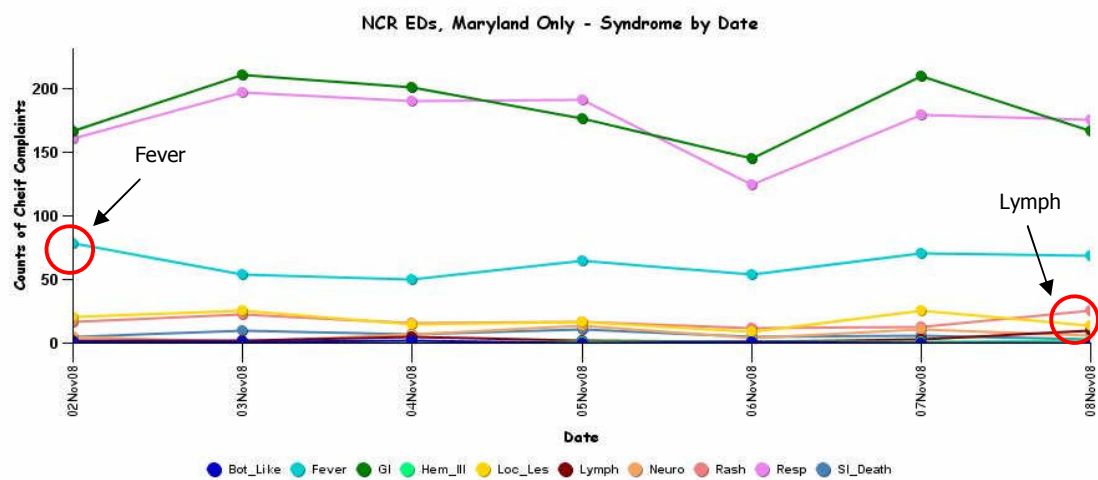
##### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

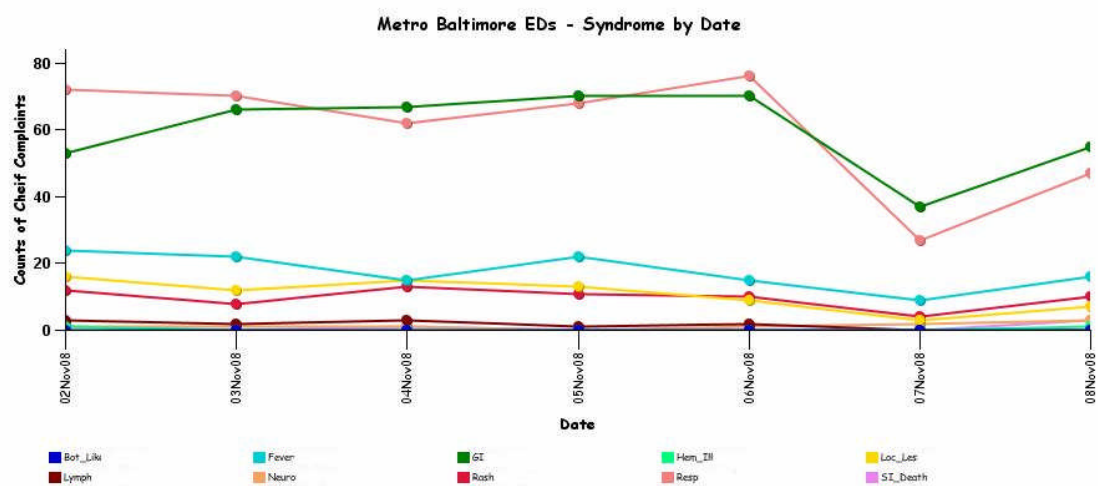
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



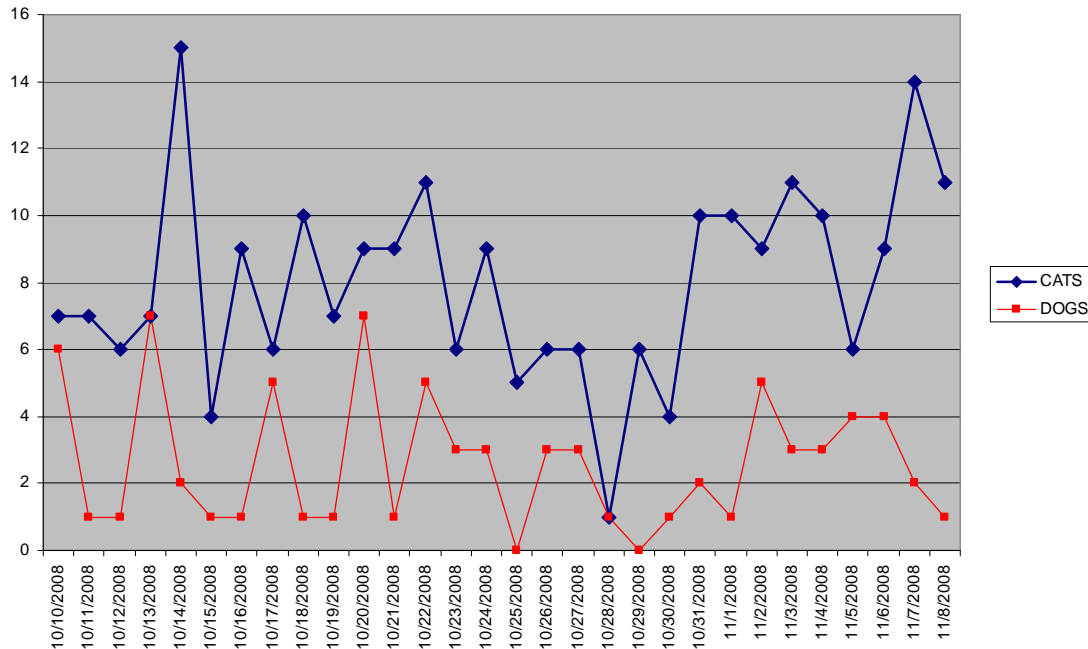
\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

#### Dead Animal Pick-Up Calls to 311

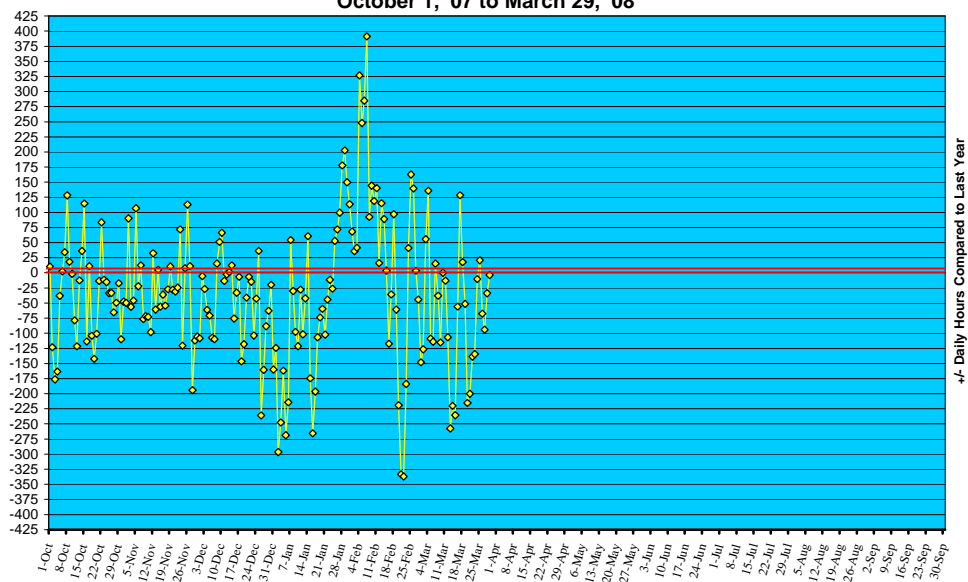


#### REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

\*Note: No new data available at this time.

#### Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '07 to March 29, '08



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Nov 02 - 08, 2008):	23	0
Prior week (Oct 26 - Nov 01, 2008):	2	0
Week#45, 2007 (Nov 04 - 10, 2007):	22	0

### **3 outbreaks were reported to DHMH during MMWR Week 45 (Nov. 2- Nov. 8, 2008):**

#### 1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a School

#### 1 Respiratory illness outbreak

1 outbreak of PNEUMONIA associated with a School

#### 1 Rash illness outbreak

1 outbreak of CHICKENPOX associated with a School

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. There were no lab-confirmed cases of influenza reported to DHMH during Week 45.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of September 10, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 387, of which 245 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA, SUSPECTED, (LAOS):** 06 Nov 2008. A bird flu outbreak has been confirmed in Donngeun village, Xayaboury district of Xayaboury province of Laos, Lao newspaper Vientiane Times reported on Tuesday [4 Nov 2008], citing Xayaboury district governor Phompan Souththivohaneas saying. The Xayaboury Provincial Avian Influenza Control Committee has declared a red zone, which covers areas within one kilometre (0.62 mi) radius of the outbreak. This area includes the 7 villages, said Phompan on Monday [3 Nov 2008]. All birds in these villages will be slaughtered to prevent the virus from spreading and the movement, consumption and sale of birds throughout the district has been banned until further notice. This ban also includes products made with the blood of poultry. A yellow zone will be established to include villages that are outside the red zone, but within 5 km (3.1 mi) of the outbreak. Villagers in the yellow zone will be advised to destroy birds at the 1st sign of illness, without waiting to have them tested for the virus. Phompan said the district public health office was cooperating with the provincial public health department to monitor people's health, particularly those living in the red zone. Checkpoints have also been established throughout the district to prevent the movement of poultry. These checkpoints will remain in place until 45 days after the last case of the virus is identified.

## **NATIONAL DISEASE REPORTS:**

No New disease outbreaks were reported to CDC Critical Biological Agents were reported for MWWR 45.

## **INTERNATIONAL DISEASE REPORTS:**

**SALMONELLOSIS, SEROTYPE TYPHIMURIUM DT104 (NETHERLANDS):** 07 Nov 2008. More than 150 people have fallen ill and over 30 hospitalized in a countrywide outbreak of salmonellosis in the Netherlands, the Dutch National Institute for Public Health and the Environment (RIVM) said on Wednesday [6 Nov 2008]. From the beginning of August until 20 Oct 2008, 152 new cases were reported of an antibiotic-resistant strain of the salmonella bacteria; and between 5 and 10 new cases are being reported every week, compared to the normal figure of 2, said the institute. Cases are distributed throughout the country, and no travel-related cases have been reported. The source of the infection has yet to be determined, but it could be pork products, the institute said. According to the RIVM, the strain, \_Salmonella [enterica\_ serotype] Typhimurium phage type DT104, is resistant to a range of antibiotics. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**PLAGUE, FATAL (UGANDA):** 04 Nov 2008. An outbreak of bubonic plague killed 3 out of 9 people infected with the disease in the north western Ugandan districts of Arua and Nebbi, the Daily Monitor has reported. Of those infected, 2 of them in Arua and 3 in Nebbi, are in critical condition in hospital, the Kampala-based newspaper reported, without saying when the outbreak started. Bubonic plague is transmitted to humans through contact with rats infested with fleas. The disease, common in north western Uganda and neighboring Democratic Republic of Congo, causes fever, headaches, and fatigue, the newspaper said. (Plague is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN (UK):** 03 Nov 2008. A [35 year old] drum maker who inhaled anthrax spores while handling imported animal skins at his workshop has died in hospital. The man, from Hackney in east London, had been in the intensive care unit of Homerton University Hospital for more than a week. A hospital spokesman confirmed he died from inhalation anthrax not cutaneous anthrax and said his family was with him when he died. A hospital spokesman said his condition had deteriorated overnight and that he died on Sunday [2 Nov 2008] afternoon. Eight other people have been given antibiotics as a precautionary measure. The Health Protection Agency (HPA) said it is attempting to trace where the infected skins originated. The HPA has sealed off his flat in Hackney and will examine his workshop this week. Its chief adviser, Professor Nigel Lightfoot, said residents who live near the flat or workshop are not at risk. He stressed that the risk for coming into contact with anthrax comes from the making of animal skin drums, not playing or handling them. He said: "We are, however, keen to reiterate to all individuals who make drums from imported animal skins that there is a risk of coming into contact with anthrax and that they should ensure they are aware of this and take precautions to protect themselves when making these drums." The threat to the general public is very small as it is extremely unusual for anthrax to be transmitted from person to person. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Maryland's Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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